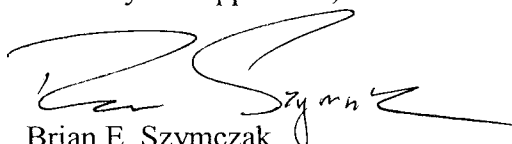


REMARKS

Applicants hereby submit a supplemental amendment. Applicants have made a sincere effort to address all outstanding issues. If there are any issues still outstanding and the Examiner feels that a telephone conference would expedite prosecution of the Application, kindly telephone the undersigned at the below referenced number.

Applicants believe there are no fees due at this time, however, the Commissioner is hereby authorized to charge any fees necessary or credit any overpayment to Deposit Account No. 50-0359 of ArthroCare Corporation in order to effectuate this filing.

Respectfully submitted
Attorney for Applicants,

A handwritten signature in black ink, appearing to read 'Brian E. Szymczak', with a stylized flourish at the end.

Brian E. Szymczak
Reg. No. 47,120

Date: 12/13/2006

SEND CORRESPONDENCE TO:

ARTHROCARE CORPORATION

CUSTOMER NO. **21394**

512.391.3961

512.391.3901 (fax)